



501 Chesapeake Park Plaza
Baltimore, MD. 21220
410-574-4500

Customer Credit Application

For the purpose of establishing open account privileges with Tilley Chemical Co., Inc. the undersigned furnishes the following information. *(Your customer account will not be activated unless this form is completed in full. Please send the completed document to the attention of Sally Eck. The document can be submitted by fax to 410-574-2802 or by email to seck@tilleychem.com.)*

Company Name: _____

Company Mailing Address: _____

Company Billing Address: _____

Telephone _____ FAX _____ WEB ADDRESS _____

1) _____

2) _____

Accounts Payable Contact(s):

NAME PHONE FAX EMAIL

1) _____

2) _____

Purchasing Contact (s):

NAME PHONE FAX EMAIL

1) _____

2) _____

Date Company Established: _____

Type of Business: _____

Taxable: YES[] NO[] IF NO, YOU MUST SUPPLY A COPY OF YOUR STATE TAX CERTIFICATE WITH THE APPLICATION OR TAX WILL BE CHARGED TO YOUR ORDERS.

Tax Certificate Attached: YES[] No[]

Federal I.D. #: _____

D & B #: (If Applicable) _____

The undersigned warrants that the information submitted is true and correct.

Signature

Title

Date



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Ownership: Sole Proprietorship[] Partnership[] Corporation[]

Name of Owner(s): *if applicable*

| Name | Title | Home Address |
|----------|-------|--------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |

Credit Line Requested: YES[] NO[] Amount Requested: _____

CREDIT REFERENCE INFORMATION (Three References Are Required)

*****All Credit References Must Be Current Suppliers to Your Company*****

1) Company Name: _____
Company Address: _____

Phone Number: _____ Fax: _____
Company Contact: _____

2) Company Name: _____
Company Address: _____

Phone Number: _____ Fax: _____
Company Contact: _____

3) Company Name: _____
Company Address: _____

Phone Number: _____ Fax: _____
Company Contact: _____

The undersigned warrants that the information submitted is true and correct.

| | | |
|------------------|--------------|-------------|
| _____ | _____ | _____ |
| <i>Signature</i> | <i>Title</i> | <i>Date</i> |



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Terms & Conditions of Payment
Food, Pharmaceutical, & Industrial Chemicals

In consideration of and as inducement to the extension of credit by TILLEY CHEMICAL CO., INC. to _____, customer hereby agrees to the following terms and conditions of payment.

- 1) Seller will invoice customer, for all deliveries of materials, supplies and equipment with payment in full for all such invoices to be due NET 30 DAYS following the invoice date for delivery of materials, supplies and equipment covered by such invoice.
- 2) A monthly service charge of one and a half percent (1-1/2%) per month or eighteen (18%) per annum will be added, and will thereafter accrue upon the unpaid balance of all invoices that are past due.
- 3) In the event that Customer fails to make payment in full on any invoice when due, Seller may, at its option, exercise any one or more of the following rights: (1) refuse to accept additional orders from customer, (2) cancel the unfilled portion of any order placed by Customer, (3) declare immediately due and payable all outstanding invoices to Customer whether or not such invoices would be due and payable or not under the provisions of paragraph one stated above. Payment is expected within Thirty (30) days. If your account should go over Sixty (60) days, it will automatically be placed on C.O.D.
- 4) Customer agrees to pay all expenses and costs of collection incurred by Seller, including reasonable and customary attorneys' fee, in addition to the service charge provided for in paragraph two stated above.
- 5) Seller shall have the right to change or amend any one or more of the foregoing conditions provided that written notice of such change or modification is given to Customer, whose written consent to such change or amendment shall not be required, but Customer shall be deemed to have consented thereto upon placing or orders with Seller following receipt of such notice.

BY WITNESS WHEREOF, Customer has caused this Agreement to be signed and sealed this _____ day of _____ 20_____.

The undersigned warrants that the information submitted is true and correct.

Signature

Title

Date



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Purchasing: Oils[] Chemicals[] Both[]

Ethanol Requirements

Are you planning on purchasing ethanol? YES[] NO[]

Are you planning on purchasing: SDA[] PURE[] BOTH[]

(If YES, please provide a contact name, phone number, fax, & email for ethanol information) _____

Estimated Monthly Purchasing Volume (Number of Estimated Orders): _____

Product Information

- 1) Do you require a Certificate of Analysis? YES[] NO[]
- 2) Do you require a Material Safety Data Sheet? YES[] NO[]
- 3) Do you require a Kosher Certificate? YES[] NO[]
- 4) Do you require any other documentation? _____
- 5) Do you require any special product handling? _____
- 6) Do you require customer code number on your products? YES[] NO[]
(If Yes, please attach the code nubers, product name, & desired packaging size)
- 7) Any other Requirements? _____

Shipping Information

- 1) Do you have a loading dock? YES[] NO[]
- 2) Can your facility accommodate a 48' trailer? YES[] NO[]
- 3) Do you require a lift gate? YES[] NO[]
- 4) What are your receiving hours? _____
- 5) Do you require a dock appointment? YES[] NO[]
- 6) Any other Requirements? _____

Bulk Shipping

- 1) Hose Length Needed: _____
- 2) Fitting Size: _____
- 3) Pump or Air Available: YES[] NO[] _____
- 4) Any other requirements? _____

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Signature Title Date



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Ship-To Location(s): *if different from invoicing address*

1) Location Name: _____
Location Address: _____

Phone Number: _____ Fax: _____
Location Contact: _____

2) Location Name: _____
Location Address: _____

Phone Number: _____ Fax: _____
Location Contact: _____

3) Location Name: _____
Location Address: _____

Phone Number: _____ Fax: _____
Location Contact: _____

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Signature

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